



Recruiting | Staffing | Payrolling

WEEKLY TIMESHEET

Week Ending Date

Please send SIGNED timesheet to:

EMAIL: payroll@armazzotta.com
TEXT: 860-347-1626
FAX: 860-347-2941

Employee Name:

Company Name:

Last 4 digits SS#:

###-##-

Round fractions of an hour to the nearest quarter hour and do not deduct any break less than 20 minutes. All Federal and State laws apply.

DAY	Time in	Lunch out	Lunch in	Time out	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Employee Signature

By signing this timesheet, you are confirming that the hours stated are a true record of your hours worked.

X

Onsite Supervisor Signature

By signing this timesheet, you are verifying and approving that the hours stated on this timesheet are the hours worked.

X

Mail

Direct Deposit

TOTAL HOURS

Assignment Continuing?

YES NO



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